



INDIANA BAIL AGENT APPLICATION

Please **type or use clearly legible printed writing**. Illegible applications will be returned. You must **answer all questions fully** and the affidavit must be properly notarized. Failure to follow instructions will result in the application's return to applicant. Please attach a sheet for additional information when necessary.

All applications must include:

- (1) A completed application including **Form 3a**, signed and completed by the surety company.
- (2) A recent digital full face photograph and your signature on the specimen sheet so we can include on your license. If you prefer, pictures can be taken and a license issued in our office, **but only by appointment**.
- (3) A Certified fingerprint card from local law enforcement or a receipt from L-1 Identity Solutions showing that you have been fingerprinted.
- (4) Recent Credit Bureau Report (can be obtained free) at:
www.annualcreditreport.com
- (5) Criminal History Check completed by Indiana State Police.
- (6) Photo copies of other Professional Licenses that you hold.
- (7) Application fee of **\$650.00** (check or money order).
- (8) Completion Certificate for twelve (12) credit hours of Pre-Licensing Education.

We Do Not Accept Cash or Credit Cards

There is a One Hundred Dollar (\$100.00) examination fee, **to be paid at the time of registration on Website.** Do not send this fee with your application. The examination is given by a vendor. Please note that incorrect or misleading information on this application may result in a denial or other administrative action! Please call this office at **317-232-5249** if you have any question regarding this application. Be sure to visit our website www.in.gov/idoi for forms, updates and additional information.

Mail to: Indiana Department of Insurance, Bail Bond Division, 311 West Washington Street, Suite 103,
Indianapolis, IN 46204

STATE OF INDIANA BAIL AGENT APPLICATION

LEGAL NAME OF APPLICANT: _____

HOME ADDRESS: _____

CITY/COUNTY/ZIP: _____

LENGTH OF TIME AT THAT ADDRESS: _____

PREVIOUS ADDRESS (ES) FOR PAST 5 YEARS: _____

PROPOSED BUSINESS ADDRESS: _____

HOME PHONE: _____ **BUSINESS PHONE:** _____

EMAIL ADDRESS: _____

**IF YOU WILL WORK FOR OR REPORT TO SOMEONE ELSE, GIVE THEIR
NAME AND, IF APPLICABLE, THE STATE AGENT'S NAME:** _____

NAME OF COMPANY YOU WILL REPRESENT: _____

PRINCIPLE ADDRESS WHERE YOU INTEND TO CONDUCT BUSINESS:
(This is where you will be audited if licensed) _____

LENGTH OF INDIANA RESIDENCY: _____

CURRENT OCCUPATION: _____

WILL YOU CONTINUE THIS JOB UPON LICENSURE? YES ____ **NO** ____

SOCIAL SECURITY NUMBER: ____ - ____ - ____

DATE OF BIRTH: ____ **EYE COLOR:** ____ **HEIGHT:** ____

HAIR COLOR: ____ **WEIGHT:** ____

ANSWER THE FOLLOWING QUESTIONS FULLY

1. Are there any complaints or charges against you currently pending before any public authority, including a law enforcement agency and Bureau of Motor Vehicles? YES _____ NO _____
2. Has a disciplinary action been taken against you by any public authority (law enforcement agency, Bureau of Motor Vehicles, etc.)? YES _____ NO _____
3. Have you ever been convicted of a Felony? YES _____ NO _____
4. Have you been convicted of a Misdemeanor involving dishonesty, violence, or a deadly weapon? YES _____ NO _____
5. Are you a jailer, law enforcement officer, or do you have any custody or control over any prisoners? YES _____ NO _____
6. Have you ever previously held an insurance or bail agent's license in this or another state? YES _____ NO _____
7. If you answered yes to item # 6, was that license ever suspended or revoked? YES _____ NO _____
8. If you are a licensed all lines fire and casualty agent, list your license number and its expiration date _____
9. Do you have any outstanding State or Federal tax liens or warrants? YES _____ NO _____
10. Do you currently have any outstanding judgments for unpaid child support? YES _____ NO _____

NOTE: If you answered YES to any of the above, give a detailed explanation on an attached sheet.

AFFIRMATION

I AFFIRM, UNDER THE PENALTIES OF PERJURY AND THOSE PENALTIES SET OUT IN THE INDIANA CODE, TITLE 27, CHAPTER 10, THAT THE FORGOING ANSWERS AND INFORMATION ARE TRUE AND ACCURATE.

SIGNATURE OF APPLICANT: _____

DATE: _____

Sworn and subscribed before me this _____ Day of _____, _____

My Commission Expires _____ Notary Public _____

County of Residence _____ Printed Name _____



INFORMATION FOR EXAMINER

Please provide the following information so that you are easily located for the exam of your bail bond records.

Name: _____

Business Name: _____

Is your bail bond business: Full-Time _____ **Part-Time** _____

Business Phone Number: _____ **Email Address** _____

Address where your records are kept:

Street Number **City** **State** **Zip Code** **County**

**If the address above is not easily located, (such as a rural route number),
Please give directions to location from the nearest town:**

**If you have employment other than your bail bond business,
Where can you be located during business hours?**

Address: _____

Phone Number: _____
(Area code) (Number)

Please complete this form and return it with your bail agent license application.

**Indiana Department of Insurance
Bail Bond Division
311 West Washington Street, Suite 103
Indianapolis Indiana 46204-2787**

Form 3a
License Requisition

Date _____

Type or Print Neatly

Agent Data

1. Name: _____
Last First Middle Maiden

2. Home Address: _____
Street City State Zip

3. Business address: _____
Street City State Zip

4. Home Telephone: _____ 5. Business Telephone: _____

6. Social Security Number: _____ 7. Date of Birth: _____

8. Email Address _____

I certify that I am familiar with the policies and forms which I will be soliciting for this company.

Signature of Agent

Surety Insurance Company Data

8. Name of Company: _____

9. Address: _____
Street City State Zip

10. Telephone Number: _____ 11. Company I.D. Number _____

12. State where Company Is Domiciled: _____

On behalf of my company, I certify the applicant to be of good moral character, trustworthy and competent.

Date Signed by Surety Company

Authorized Signature

Return original to the Department of Insurance, Bail Bond Division

Attach a small digital photo

HERE-----→

Your signature (PLEASE USE **BLACK SHARPIE** PEN)

HERE-----→

Name _____ Agent # _____

Address _____

Phone Number _____

Indiana Department of Insurance Bail/Recovery Agent Licensing Examination

Performance Assessment Network (PAN) is the provider for testing services

Registering and Scheduling an Examination:

The following are the steps needed to register and schedule your Bail or Recovery Agent licensing examination.

Step 1: IDOI Testing Website

Click on the following for the IDOI testing website:

<https://secure.vitapowered.com/idoi/login.screen>

Step 2: Register for Account

Create an account by clicking on the "Applicant Registration" link.
Complete the registration form and click the continue button.

***Note:** You must know your login ID and password when you arrive at the test center to take the exam.

Step 3: Login

Login to <https://secure.vitapowered.com/idoi/login.screen> using the login ID and password created during the registration process.

Step 4: Select Assessment

Select the licensing exam that matches your course certificate.

***Note:** you must have your course certificate with you when you arrive at the test center to take the exam.

Step 5: Take Practice Assessment

The practice assessment is a demo of the test system. The practice assessment does not contain actual exam content and is not scored. This step is simply to familiarize you with the testing system.

Step 6: Pay for Assessment

Enter your credit/debit card information. You may use Visa, MasterCard or American Express to pay for your assessment.

Step 7: Schedule for Assessment

Select a date/time for the testing center of your choice. The testing centers closest to the address you entered during registration will be displayed. You may opt to see testing centers near a different zip code by entering that zip code at the bottom of the screen or you can see additional dates/times by clicking on the "More Times" link. If there are no available seats at the center of your choice, you may submit a Seat Request e-mail.

Once your appointment has been scheduled, you will receive an e-mail notification with the details of your appointment and instructions of what to bring.

Step 8: Take Assessment

Please arrive at the test center 10 minutes prior to your appointment. You will need the following information:

- Login ID and Password
- PLE Certificate
- Federal or State ID

Should you need any assistance, please e-mail

IDOI_Support@panpowered.com or call Technical Support at 877-449-8378

Frequently Asked Questions

WHEN WILL I GET MY RESULTS?

- After you have completed your assessment, the proctor will print your results.

WHO DO I CONTACT IF I AM UNABLE TO SCHEDULE OR LOG ONTO THE SCHEDULING WEBSITE?

- Should you need any assistance, please email; IDOI_Support@panpowered.com or call Technical Support at 877-449-8378.

WHAT IF I ARRIVE WITHOUT MY COURSE CERTIFICATE OR WAIVER?

- You will not be permitted to test if you arrive without your Certificate of Testing Eligibility, login ID and password, or federal or state ID. You will be required to pay again and schedule a new appointment.

CAN I PAY WITH CASH OR CHECK?

- No, only credit or debit cards are accepted.

WHAT IF I NEED TO RESCHEDULE MY APPOINTMENT?

- If you need to reschedule your appointment, do so immediately by logging in at: <https://secure.vitapowered.com/idoi/login.screen>. You will not be permitted to reschedule your appointment via the scheduling website within 24 hours of your appointment. If you are within 24 hours of your scheduled appointment and are unable to attend, you must call 877-449-8378; however, you will have to pay the full exam amount again in order to reschedule.

I AM UNABLE TO TAKE THE PRACTICE ASSESSMENT, WHAT CAN I DO?

- Please email: IDOI_Support@panpowered.com or call Technical Support at 877-449-8378.